

## GRAMA REQUEST FOR RECORDS

To the **Wasatch County Sheriff:**

I hereby request access to the following records (must be described with reasonable specificity):

Incident # \_\_\_\_\_ - \_\_\_\_\_ Other \_\_\_\_\_

I believe that these records are maintained by the Wasatch County Sheriff's Office.

Choose 1

- ☐ I would like to inspect the records.
  - ☐ I would like to receive a copy of the records. I understand that I will be responsible for costs associated with locating and copying these records, I authorize costs of up to \$ \_\_\_\_\_
- ☐ I would like to receive a copy of the records and request a waiver of costs because:

Choose 1

- ☐ Release of the records primarily benefits the public rather than me,
- ☐ I am the subject of the record.
- ☐ I am the authorized representative of the subject of the record.
- ☐ My legal rights are directly affected by the record and I am impecunious.

**(Please attach information supporting your request for a waiver of fees,)**

If the requested records are not public, I am entitled to have access to them because:

Choose 1

- ☐ I am the subject of the record.
  - ☐ I am the person who provided the information.
  - ☐ I am authorized to have access by the subject of the record or by the person who submitted the information. (Please attach documentation required by U.C.A.63-2-202.)
  - ☐ Other. Explain \_\_\_\_\_
- ☐ I am requesting an expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A. 63-2-204(3).)

Desired format for records ☐ Printed copy in person ☐ Printed copy mailed to the address below

☐ Fax # \_\_\_\_\_ ☐ Email \_\_\_\_\_

My name is: \_\_\_\_\_

My address is: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I can be reached at the following telephone number(s) during business hours:

\_\_\_\_\_

Signature \_\_\_\_\_

### For Sheriff's Office Use Only

☐ Approved By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

☐ Denied By \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Date

